

BULLETIN



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BULLETIN

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Looking to the Future (with an eye on the past)

IT WILL BE TEN YEARS THIS JULY SINCE I FIRST STARTED OUT IN PRACTICE. OVER THIS TIME, I HAVE SEEN MANY CHANGES IN THE PRACTICE. I often compare it to playing Monopoly, but with constantly changing rules.

Back then, the hot topic was whether or not a physician should "participate" in Medicare assignment. Back then, when you ordered tests or referred a patient, there were no questions asked. There were no discounted fees for service, no gag clauses and no electronic claims.

Think of all the restrictions that have come upon us in the past ten years. There are now penalties in reimbursement for physicians who do not accept Medicare assignment. CLIA has made it onerous to operate moderately complex and higher-level physician office laboratories. OSHA has made us responsible for minute amounts of chemicals stored and used even in our clerical operations. Evaluation and management documentation is now becoming overly burdensome, not to mention the new fraud and abuse regulations.

I have asked myself "How could this have happened?" If someone would have predicted this to us - we all would have laughed. Certainly **physicians** would not let this happen. Patients surely wouldn't stand for it. But the reality is that it **has** happened and we didn't prevent it ...and patients are confused.

Denise Bobovnyik, MD



Denise Bobovnyik

Why? I'm sure there are many reasons: We were too busy or too tired, or we just didn't think it was important at the time. Physicians loathe rules and tend not to pay attention to them. But we sure know how to complain when the rules are implemented. Somewhere in between the apathy and the complaining, we need to act.

Being a member of medical societies on the county, state, and national levels, as well as your specialty society, helps you to battle some of these changes by providing a collective voice which can be heard on a national level. Your membership in the political action committees also provides the financial support needed to keep Society lobbying efforts in step with the competition - insurance companies and special interest groups. Membership is a way to be proactive in health care policies.

I recently visited Washington, D.C., with the AMA and had the opportunity to see medical politics in action. We heard from several speakers, including President Clinton, Senator Ted Kennedy, Senator Phil Graham, Rep. Newt Gingrich, Rep. Bill Thomas, Supreme Court Justice Antonine Scalia, and Nancy-Ann Min DeParle, who is the new HCFA administrator. I learned that these people look not only to the AMA leadership for input, but also consider input from individual physicians.

Some changes that are coming about through the efforts of organized medicine include:

- 1) E/M guidelines implementation has been extended another 60 days.
- 2) Fraud and abuse guidelines are looking to be simplified.
- 3) The right of physicians and patients to privately contract for health care insurance is being explored.
- 4) Reformation of the physician self-referral laws - Stark I and Stark II.
- 5) Expansion of tobacco control effort.
- 6) Physician supervision of nurse anesthetists.

Ten years from now, I hope that I will be able to say that we physicians have taken an active role in shaping the health care issues. Remember, it is easier to work toward preventing unwanted rules and regulations than it is to repeal them. Have you been involved lately?

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How to be a Physician Without Going to Medical School

WHEN I GRADUATED FROM MEDICAL SCHOOL I FOUND THAT AN INTERESTING THING HAPPENED: EVERYONE around me became an expert in medicine. Even my father, a machinist by trade, seemed to have earned his medical degree. He was an expert in everything from back pain to the nuances of microsurgery.

How could this happen? I had just spent eight years of higher education and was about to embark on a residency to further my meager knowledge base. At that point, I was frightened to make any treatment decisions, for fear of harming my beloved patients. I would do mental gymnastics for the simplest tasks, like choosing a blood pressure medication or an antibiotic. I would go over side effects, drug interactions, spectrums of treatments, and patient profiles, yet it seemed that the non-physician and ancillary staff personnel around me had no trouble with these decisions.

"Ah, give'em Bactrim, they'll be fine," one nurse screamed at me while I was mulling over a UTI during the first few weeks of my residency. "What about the interaction with his Coumadin, not to mention the Dilantin?!" I retorted. My comments were met with a glazed look and a swift exit. I learned something very important that day, NOBODY CAN REPLACE

Ronald M. Yarab, Jr., MD



Ronald M. Yarab, Jr., M.D.

A WELL-TRAINED PHYSICIAN.

Yet in our community, many ancillary service providers are trying to dupe the public and the insurance carriers into believing that they can provide the same quality care and decision making as a trained physician. The truth is they can't, nor will they ever be able to.

As I progress in my practice, I find more and more examples of the erosion of the physician autonomy and scope of practice. Some of the laws currently on the books, as well as pending legislation, border on insanity. While I am all for the use of care extenders and nurse practitioners, I oppose care replacement, which is what these new laws are aiming to do. Some examples include:

- nurse practitioners are seeking the right to perform cesarean sections and limited prescriptive authority.
- Physical therapists are seeking the right to have practice without referral and to perform needle EMG and nerve conduction studies (something near and dear to my heart.)
- Optometrists are working on legislation that will allow them to perform laser surgery in their offices and also have limited prescriptive authority.

I could go on and on, but my blood pressure is starting to rise. How could this happen? How could these paraprofessionals with no real training in pathology of disease and pharmacology perform these procedures? Well, I have infiltrated the ranks and discovered how this is happening, but you have to keep it a secret!

First of all, you obtain a health-related degree. It doesn't matter what it is, anything from nurse anesthetist to athletic trainer will do. Second, form a professional organization with deep pockets and broad-based member support. (What we physicians are lacking.) Third, and most importantly, form a powerful and aggressive lobby that will play the political game and support candidates sympathetic to your cause.

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MCMS Alliance

The Mahoning County Medical Society Alliance has made three community donations recently. The donations were \$500 to the Red Cross Ball, \$1000 to Sojourner House for Bat-

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AMA Membership

AS AN AMA ALTERNATE DELEGATE I AM ASKING YOU TO REFLECT ON WHY YOU ARE NOT CURRENTLY A MEMBER OF THE AMA. I have heard it said that "the AMA doesn't represent my views". Policies of the AMA are determined democratically by 435 elected delegates representing the viewpoints of 90% of the physicians in this country. By becoming an AMA member, and an active participant, you can ensure that your views will be represented.

As your local representative to the House of AMA Delegates, I am most interested in hearing from you and bringing your concerns before our delegation. As an AMA member you also have the right to address your views before the reference committees during the annual interim meetings.

I often hear physicians say they are "in disagreement with the AMA's policy on" whatever topic. This is to be expected, as out of the nearly 300,000 members, there probably is not one who agrees with each and every position the House has adopted. AMA policy is decided by a majority vote only after all sides of the issue have been fairly debated.

"It's not worth the expense!" Is another objection I have heard. Consider, if you will, the fact that the AMA serves to provide the medical profession with a democratic forum for debating and formulating policy. It provides members with representation before Congress and the courts. It helps to guarantee the continued high

quality of medical education in this country through its numerous accreditation programs.

As far as "dues being too expensive", the AMA is mindful of the cost of dues and its impact on members. In the past eight years the AMA has had only one dues increase (1994), while continuing to improve member benefits and services.

The AMA has had a strong influence within our community by providing the resources to help local physicians develop the Eastern Ohio Physician Organization, which is meeting with success. I believe in the power of the Federation of Medicine (which includes the AMA, OSMA, and MCMS). The strength and effectiveness of this Union rests on the commitment and number of its members.

I encourage you to join the AMA now. There is strength in numbers! Don't give in to cynicism and apathy; don't rely on "letting the other guy do it for you". Now, more than ever, the AMA needs you...and you need the AMA. When mailing in your Society dues, be sure to include your payment for AMA membership as well. Thank you for your consideration.

Daniel W. Handel, MD



Daniel W. Handel, MD

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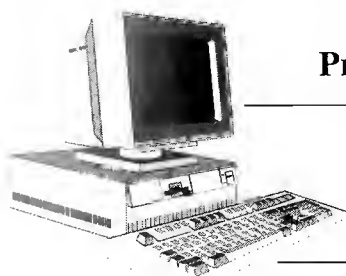
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Cure for Diabetes may be Within Reach

A COLLABORATIVE RESEARCH PROJECT TAKING PLACE AT THE NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE (NEOUCOM) may offer hope to some of the 16 million diabetics in the U.S.

Diabetes mellitus is classified into two main types: Diabetes type I, or insulin-dependent diabetes; and Diabetes type II, or noninsulin-dependent. Type I diabetics are unable to produce insulin; they must frequently monitor their blood sugar levels and take several daily insulin injections. For these reasons, trying to keep insulin-dependent diabetics' blood sugar levels close to a normal range is a major struggle for both the patient and physician. Type II diabetics produce insulin, but their cells have grown resistant to the actions of insulin; most type II diabetics can be treated with oral drugs.

Currently, a group of researchers from The University of Akron (UA), NEOUCOM and Summa Health System in Akron is working on a method that could potentially cure Diabetes type I.

Richard P. Levy, M.D., a NEOUCOM professor of internal medicine and an endocrinologist at Summa, stated, "If we could devise a system where the blood sugar of the patient controls the amount of insulin the patient is given, and the insulin is given automatically, in effect, we would have cured type I Diabetes. Our approach will be to insert normal insulin-producing cells, called islet cells, into a diabetic person, but these islet cells will be isolated from destruction by the person's immune system. As the patient's blood sugar goes up, the islet cells will make more insulin and normalize the blood sugar. While the implanted islet cells are functioning, the diabetes will be 'cured'."

Their research, although in a preliminary stage, offers hope for diabetics; Levy, who is the primary investigator for the project, said their method may be ready for human trials within the next four or five years.

Currently, the researchers are working to determine if diabetic rats can be cured when implanted with normally functioning islet cells.

The process involves removing healthy islet cells from a pig's pancreas. The pancreas, in addition to producing and secreting enzymes required for digestion, contains the islet cells. After the islet cells are extracted and purified,

they are placed into a polymer tube designed by Joseph P. Kennedy, Ph.D., and Georgina Fenyvesi, Ph.D., polymer chemists at UA. This polymer tube is then implanted into diabetic rats.

This process has allowed the researchers to immuno-isolate the islet cells, meaning that the tube prevents the rat's immune system from destroying the islet cells and allows them to produce insulin.

"Dr. Kennedy designed and patented a polymer that functions like a membrane. It is flexible, sturdy and allows glucose and insulin to filter in and out easily, but keeps antibodies out. That was the critical point that Dr. Kennedy was able to devise. Other researchers have been able to immuno-isolate cells, but the membranes previously used have had problems, making them less likely to be used in humans. That's where we think our polymer has major advantages," Levy explained.

The research looks so promising that this project has sparked the interest of a developer from Hubbard, OH, who has a diabetic family member. Donn McConnell, owner of One Day Garages, met with Gary B. Schneider, Ph.D., NEOUCOM's associate dean for research, to determine how he could help support diabetes research. With Schneider's assistance, the NEOUCOM Diabetes Research Fund was established through the Office of Research and Sponsored Programs.

"We are extremely appreciative of Mr. McConnell's gracious contribution. Without the support of donors such as Mr. McConnell, such research projects could not be funded," Schneider asserted.

In addition to Levy, Kennedy and Fenyvesi, other researchers involved in this collaborative project include Kenneth Rosenthal, Ph.D., NEOUCOM professor of microbiology/immunology, in whose laboratory the islet cell purification is being done. Walter Horne, D.V.M., director of the Comparative Medicine Unit at NEOUCOM and Rama Donthi, M.D., a surgeon at Summa, are assisting in harvesting the pancreases.

Summa Health Foundation provided the funding that permitted Levy's project to begin. He has received other donations from the Order of the Eagles and a diabetic patient who is healthy after 50 years.

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A Matter of Choice

THE LAST TIME I COMMUNICATED WITH YOU I DISCUSSED "ROADS TO LICENSURE AND CRASHING ALONG THE WAY."

Now that I am through reorganizing my activities for the near future, I am in a position to resume our dialogue with help from my friend at the Board, Lauren Lubow, Esq.

We have always addressed issues of concern to physicians who have been in active practice dealing with the day-to-day challenges of present day medicine. I thought it might be appropriate to devote this issue to those practitioners who are just beginning their careers or are about to cross that threshold.

To be of help to this group of colleagues, and even to the rest of us, allow me to share with you a few of the cases that have come before the State Medical Board in recent months. First, there is the story of Dr. A, a 40-year-old Board-certified internist, who graduated with honors from a prestigious medical school. During his training, he was the recipient of a number of awards and accolades. After subspecializing in cardiovascular disease, he moved on to a private practice, from which vantage he published articles, delivered lectures, and was awarded numerous research grants.

Eventually Dr. A became involved in a study of cocaine-induced heart failure. At one

point, he began to use the cocaine he had obtained for research to assist him in staying awake for longer hours. Though he generally used the cocaine only when he was alone, he admitted to sharing it on several occasions with his teenage stepdaughter in an effort to improve their relationship. The girl later reported Dr. A's illegal cocaine use to the police, and the doctor was ultimately convicted of a felony and incarcerated.

Then there are the cases of Dr. B, 30, and Dr. C, 27, medical school classmates who decided to share an apartment during residency. Dr. B had been valedictorian of his graduating class. Dr. C was described as a class leader, and his residency evaluations consistently demonstrated above-average or superior performance.

Shortly before the two became roommates, Dr. C was contacted by his brother, a prison inmate, who urged Dr. C to obtain illegal drugs and smuggle them into the prison. Although he resisted at first, Dr. C eventually went along with his brother's scheme in order to protect his brother and himself from the threats of other inmates. Dr. B later became involved in the plan, procuring drugs and concealing them inside soup cans with the aid of a commercial canning machine. The doctors delivered the cans to a self-storage facility, where they were retrieved by a complicitous guard who transported them into the prison. Both doctors were ultimately arrested and plead guilty to drug felony charges.

And, finally, there is the case of Dr. D, 38, whose medical license was first suspended by the Medical Board after the doctor's emergency hospitalization for ingestion of cocaine, alcohol and opiates, while he was on-call. Dr. D subsequently underwent inpatient treatment for polysubstance abuse. However, less than six months later, he relapsed by ingesting cocaine on three separate occasions. Dr. D agreed to the continued suspension of his license, and also agreed to be monitored to ensure abstinence. He undertook seven weeks of outpatient treatment. Still, six months later, two drug screens tested positive for cocaine use. Since his most recent

Anand G. Garg, MD, PhD



Anand G. Garg

relapse, Dr. D has made some changes to enhance his prospects for recovery. He has been regularly seeing a psychologist and is addressing personal issues from his past that he believes had an impact on his addiction. In addition, his internist has prescribed an antidepressant medication, which Dr. D feels is essential to his recovery.

Each of the cases summarized here could be the plot of a television movie. Tragically, though, these stories are true. At a recent meeting, the members of the State Medical Board considered each case and, one by one, permanently revoked the licenses of these promising young physicians.

The Board's actions were not taken lightly. Following their ruling, Board members talked among themselves about how upsetting it was to see a group of such high-caliber physicians in trouble. And, although the Board takes actions without regard to age, members found it notable that all of the physicians involved in these cases were either just beginning their careers or were just hitting their professional stride.

What leads a physician, in the face of reward for exhaustive years of training, to choose to take the first step down the path toward professional ruin? Why would anyone sacrifice such a hard-won prize? I have learned, during my tenure as a Medical Board member, that the initial choice is rarely a studied one. Rather, it is made almost casually, with rationalizations like:

"No one will ever have to find out about it," or

"I'll just do it this once, for the sake of convenience," or

"I'll stop before things get out of control."

Perhaps because we *are* physicians—and have, in order to reach that status, proven our intellect and tenacity again and again—we have the arrogance to believe that we are somehow more able than other people to keep things within our control.

The reality is that the casual choices that we make early on make the next, more significant choices easier. And so it goes, down the path we never intended to travel. In more than

140 cases last year, that path wound its way to the doors of the State Medical Board, where the magnitude of those early choices was finally brought tragically home.

In addition to the personal chemical dependency and inappropriate prescribing problems, whether caused by greed, fear of intimidation, or plain stupidity, there are some other serious pitfalls to which we should be alert:

1. Prescribing for family members, especially if the drugs are scheduled;

2. Driving under the influence of alcohol, which at times may be an unfortunate social indulgence, but quite often can be due to habits acquired during our younger years. The resulting court action can lead to Medical Board action as well;

3. Specialty-related exposures and temptations that can lead to abuse, such as access to drugs used in anesthesia;

4. Drug trafficking;

5. Issues of personal ethics, including situations leading to charges of sexual misbehavior, whether or not those charges ultimately prove to be justified;

6. Developing poor documentation habits, which can lead to a lot of grief. Conversely, proper documentation can be a lifesaver;

7. Careless prescribing that can often lead to otherwise avoidable consequences. This may include inappropriate use of drugs or permitting staff use of preprinted prescriptions;

8. Failing to attend to simple details, such as not maintaining CME records required prior to each renewal, or using physician assistants inappropriately or in a manner that exceeds the scope of a Board-approved plan;

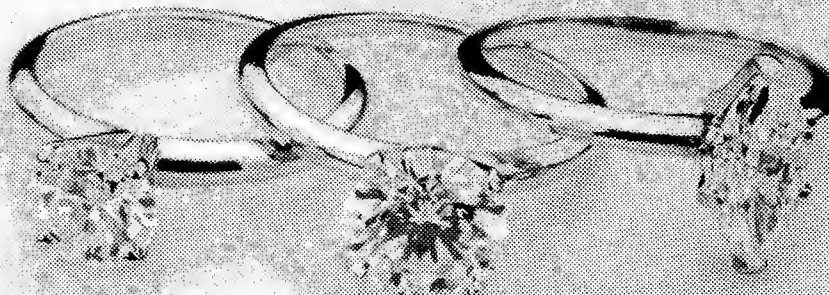
9. Engaging in conduct that involves moral turpitude, committing domestic violence, or failing to pay court-ordered child support. All can affect our licenses, even if they don't directly involve the practice of medicine.

This is by no means an all-inclusive list, but it offers a flavor of the things we face at the Medical Board level. Reports of disciplinary actions are sent to licensees several times each year

continued on page 32

DIAMONDS FROM BRENNER'S

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From the Desk of the Editor

continued from pg. 6

You will also need to have access to sporting events. (Legislators like sporting events!)

Once all these pieces are in place and the law is revised to your liking, WHAMO, YOU'RE A DOCTOR! No medical school or pesky student loans to contend with. Pretty simple, huh?

In all seriousness, Ohio physicians need to put a stop to this nonsense. We can do this only if we act as a cohesive unit and take our case to the legislators. This means money. (Yes, money.) If we, as physicians, cannot raise funds to do this, in the future we may not have a profession left to protect.

Recently, I spoke with our esteemed colleague Daniel Handel regarding local physician involvement. Apparently, around 25% of Mahoning County physicians are involved in OMPAC (the highest in the state based on percentage of membership). While Dr. Handel is proud of that statistic, he is also disheartened with the overall lack of physician involvement in our area and around the state.

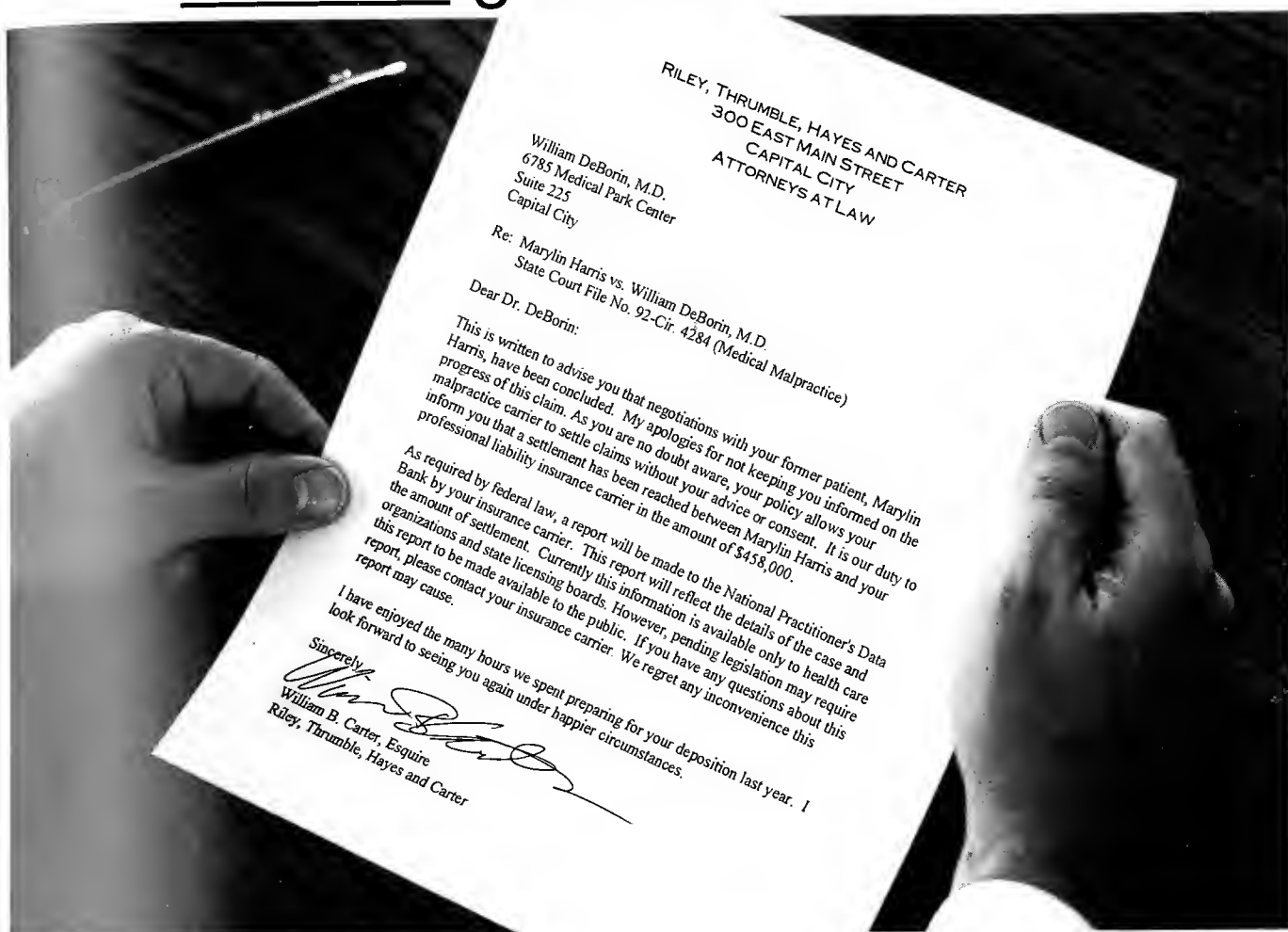
According to Dr. Handel, statewide membership has dwindled and OMPAC dropped from the 10th largest political action committee in Ohio to around 17th. This is an unbelievable account of our profession. How can we keep giving away the store by burying our heads in the sand and refusing to take a stand on these issues?

And, as I know physicians, they will be the first to gripe that nothing was done to protect them when their reimbursements are decreasing and their practices are in a state of disarray.

I feel reasonably certain that every physician in this state can afford the \$125 to be an individual member of OMPAC. Family memberships are just \$200 (a snappy bargain for the physician couple!). There should be 90% plus membership in this organization.

Hey, if we don't start voting with our dollars, we will deserve what we get...which may be a new job at Denny's!

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Redcy: St. Elizabeth Medical Center, Ya., OH
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Ronald Dwinells, MD
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726 Wick Avenue; Ph. 757-2330
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Redcy: Todd Children's Hospital, Youngstown, OH
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New CME Requirements

The State Medical Board of Ohio has released new continuing medical education (CME) requirements for the staggered license renewal system.

For the initial renewal, CME hours will be prorated in proportion to the length of time the license is valid. The physician's renewal group will be based on the first letter of his or her last name at the time the staggered renewal is implemented. After that, the licensee will remain in the originally assigned group.

The dates of each physician's renewal cycle will be printed on the Ohio license wallet card.

CME Requirements

First Initial, Last Name	CME Period	Hours Needed
A-B	7/1/98-4/1/2001	137 hrs. (55 Category I)
C-D	7/1/98-1/1/2001	125 hrs. (50 Category I)
E-G	7/1/98-10/1/2000	112 hrs. (45 Category I)
H-K	7/1/98-7/1/2000	100 hrs. (40 Category I)
L-M	7/1/98-4/1/2000	87 hrs. (35 Category I)
N-R	7/1/98-1/1/2000	75 hrs. (30 Category I)
S	7/1/98-10/1/1999	62 hrs. (25 Category I)
T-Z	7/1/98-7/1/1999	50 hrs. (20 Category I)

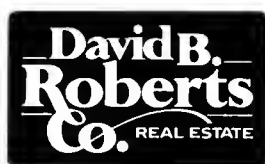
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February 17, 1998

In Memoriam

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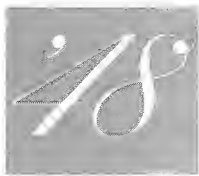
Sixty Years Ago Jan.-March 1938

New officers were: **Claude Norris**, president; **Bill Skipp**, president-elect; **Robert Poling**, secretary; and **Elmer Nagel**, treasurer. Editor of the *Bulletin* was **James Brown**, and **Morris Rosenblum** was the business manager. Pneumonia was rampant and, since there were no antibiotics, the treatment was I.V. immune serum.



Fifty Years Ago Jan.-March 1948

Society officers were: **John Noll**, president; **J.N. McCann**, president-elect; **Verne Goodwin**, secretary; and **J.K. Herald**, treasurer. **Carl Gustafson** was editor of the *Bulletin* and **Mary Herald** was the Society's first executive secretary. An article by **Eugene Elder**, superintendent of Woodside Receiving Hospital, advocated a three-month period of service in his hospital for interns. **Sidney Franklin** was the only new member at that time.



Forty Years Ago Jan.-March 1958

Officers were **Andrew A. DeTesco**, president; **M.W. Neidus**, president-elect; and **A.K. Phillips**, secretary. No mention was made of a new treasurer, but **Morris Rosenblum** was the new *Bulletin* editor. The Asian flu was rampant - its victims included **Dave Belinkey**, **F. Biercamp** and **Bob Tornello**. The following new members were added: **Leo Ariel**, **Maria Colucci**, **Jordan Dentscheff**, **Vitalif Holonko**, **Jim Medley**, **James Quinn**, **Frederick Sassler**, **Michael Szauter**,



Roy Thomas, Jr. and **Bob Warnock**. Officers for the Academy of General Practice included **Andrew Miglets**, president; **Paul Krupko**, president-elect; and **Clyde Walter**, secretary-treasurer.

Thirty Years Ago Jan.-March 1968

New officers were: **R.R. Fisher**, president; **J.W. Tandatnick**, president-elect; **Henry Holden**, secretary; and **Carl Raupp**, treasurer. **Jim Anderson** was editor of the *Bulletin*. The local Academy of General Practice listed new officers as **U.H. Boening**, president and **J.N. Gordon**, president-elect. **Eli Saadi** was elected vice-president of the Northeast Ohio Regional Medical Program. **Richard Murray** was treasurer of the Mahoning Valley Health Planning Association. New Society members were **Danilo Salcedo** and **John Werning**.



Twenty Years Ago Jan.-March 1978

Officers were as follows: **George Dietz**, president; **Y.T. Chiu**, vice-president; **J.W. Tandatnick**, secretary; and **Jim Lambert**, treasurer. There was no president-elect at that time. New *Bulletin* editor was **Dean Limbert**, whose article discussed new DNA research and the possibilities of "cloning" human beings. New members were **Nadier Afrooz**, **S.K. Bal**, **Ralph Colla**, **Thomas Detesco**, **Michael Jacobson**, **Steven Kalavsky**, **Gerald Mihok**, **Volker K.H. Sonntag**, and **H.M. Wang**.



Ten Years Ago Jan.-March 1988

Officers were as follows: **Hai-Shiuh Wang**, president; **Karl Wieneke**, vice-president; **Kimbroe J. Carter**, secretary; and **Joseph Gregori**, treasurer. The new editor was **John R. LaManna, Jr.** The MCMS joined with the Auxiliary to sponsor the President's Ball at the Youngstown Country Club. Event chairperson was **Camilla Geordan**. **Robert Blake**, who had been executive director for the past seven years, announced his retirement. New members at that time were: **Bennie W. Allison**, **Frances G. Couch**, **Stephen P. Dubos**, **Amr Hamid El-Mahdy**, **Ramdal J. Hartwig**, **A.G. Kuklinca**, **Jasper L. McPhail**, **Michael J. Miladore**, **Richard L. Osman**, **Robert J. Piroli**, **Stephen L. Salcedo**, **Homer L. Skinner**, and **Paul Stefek**.



Robert R. Fisher, MD



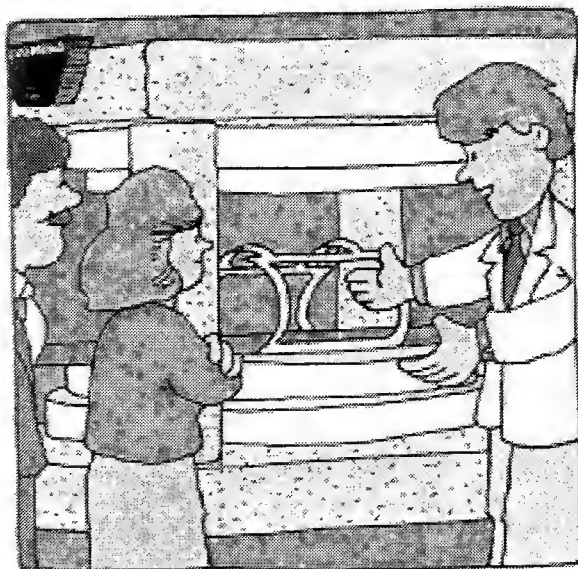
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St. Elizabeth Development Foundation Helps Fund Medical Literature Preservation Project

THE ST. ELIZABETH DEVELOPMENT FOUNDATION HAS PROVIDED THE JEGHERS MEDICAL INDEX SYSTEM SEED MONEY to electronically preserve a unique collection of historical medical literature that will eventually be available on the Internet.

Recently, Edward R. Toth Jr., chief executive officer of the foundation, presented a \$50,000 check to Dr. Leonard Caccamo, chairman of the Jeghers advisory board and retired director of medical education for St. Elizabeth's.



Standing, from left, are Edward R. Toth, Jr., president and CEO of the foundation, Dr. Leonard Caccamo, chairman of the Jeghers Medical Index Advisory Board, and John M. Newman, chairman of the foundation. Seated is Norman F. Gruber, chief operating officer of St. Elizabeth Health Center.

The money will fund the first year of a five-year preservation project. Expenditures include computer hardware, associated software and programming and imaging services that will convert more than 600,000 pages to an electronic format accessible worldwide for education and research.

What Is The Jeghers?

The Jeghers Medical Index System is a resource created in the early 1930s by Dr. Harold Jeghers, a distinguished professor of medicine and chairman of the departments of medicine at Georgetown University and New Jersey College schools of medicine. An advocate of self education through the purposeful reading of quality medical journals, Dr. Jeghers diligently maintained this file throughout his long and successful career. Hundreds of medical students, residents and future professors of medicine used the medical index for problem solving. Upon retirement in 1980, Dr. Jeghers relinquished control and transferred the system to St. Elizabeth's, where it provides a complementary source of

rapidly retrievable targeted information.

Dr. Caccamo said the Jeghers has remained current by actively maintaining a dynamic collection gleaned over time from a core of quality assessed medical journals. He explained that medical articles are removed, in their entirety, from the journals, then classified and stored within 30,000 different folder titles. Each folder may contain from 20 to more than 100 articles on a given topic.

Why Is It Important?

"I'm often asked, 'what good are medical articles from the 1930s?' or 'don't we already have an electronic retrieval system for medical information?' It's always a delight to explain the historical value of the information in the Jeghers, not to mention its tremendous potential as a resource for all types of medical problem solving," said Dr. Caccamo, a long-time advocate of the system. He stressed that the material being preserved is pre-1965 and, therefore, not available on Medline or other electronic media.

Dr. Caccamo is fond of using the axiom: *All that is old is not necessarily mold, and all that is new is not necessarily true.* "The older literature retains important concepts often overshadowed by the proliferation and publication of new technology. This is particularly true when searching for clear descriptions of key symptoms and signs important for disease recognition," he said.

Dr. Caccamo said that the system has been computerized in a local area network (LAN) with workstations to accurately index, code and retrieve articles. According to Dr. Caccamo, the local network has a strong educational component that teaches "the next best thing to knowing something is knowing where to find it." The project will take the Index to the next level, that of folders being available on-line, both locally and worldwide.



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MCMS Installation Held

THE 1998 INSTALLATION OF OFFICERS TOOK PLACE JANUARY 20TH AT THE YOUNGSTOWN CLUB. DUE TO A SCHEDULING conflict the installation was held in combination with the Society's Annual Meeting, which is generally held in December.

Guests in attendance included Douglas Evans, director of the OSMA's Department of Membership, and Ben Reynolds, OSMA Northeast Ohio field representative. A product display was provided by Donald Hehr of Janssen Pharmaceutica.



Dr. Denise Bobovnyik, Dr. Chris Knight

The members paused for a moment of silence in remembrance of Dr. James Finley and Dr. Jack Schreiber, who passed away last year.

The Society acknowledged the following past presidents who were in attendance: Drs. Robert Barton, Gabe DeCicco, Andrew Detesco, Dan Handel, Robert Jenkins, Chander Kohli, Hai-Shiuh Wang, and Karl Wieneke. Also acknowledged were past presidents of the Alliance Dolly Handel and Mohini Khanna.

Representing the OSMA, Doug Evans presented

that organization's "Fifty-Year Award" to Drs. Leonard P. Caccamo and Edmund A. Massullo. Dr. Chander Kohli presented the Distinguished Physician Award to this year's recipient Dr. Hira L. Khanna.

Dr. Handel conducted the installation, and afterwards Dr. Chris Knight presented the president's gavel to incoming president Dr. Denise Bobovnyik. Following her acceptance speech, Dr. Bobovnyik presented

Dr. Knight with the president's plaque. Dr. Knight then summarized his year in office, and turned the meeting over to Dr. Bobovnyik.

In new business, the Society voted to change the date of the Society/Alliance Dinner Meeting to March 19, 1998. Dr. Handel presented the Legislative Report. Following announcements of several upcoming events, the meeting was adjourned.

1998 MCMS Council/ Foundation Trustees

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L to R: Drs. S. Garg, C. Kohli, D. Handel, D. Bobovnyik, T. Detesco, C. Knight.

OSMA "Fifty-Year Awards" Presented

Drs. Leonard Caccamo (retired) and Edmund A. Massullo were each honored by the OSMA with that organization's "Fifty-Year Award" at the January MCMS meeting.

A Youngstown native, Dr. Caccamo is a graduate of Youngstown State University. He received medical degrees from Bowman Gray School of Medicine and Wake Forest University (New York), and completed his internship at Rochester General Hospital (New York). He completed residencies at St. Elizabeth Hospital

and the USVA Hospital (Michigan).

Dr. Caccamo was certified by the American Board of Internal Medicine in 1955 and has received a fellowship in cardiology from the USVA Hospital. He is a Fellow of both the American College of Physicians and the American College of Cardiology.

In 1977 the MCMS presented Dr. Caccamo with an appreciation award for his dedicated service. He was also one of 50 professionals who were invited to the White House in 1983 by (then) President Reagan, in recognition of outstanding initiatives in the private sector for



Dr. Leonard Caccamo, Doug Evans



Dr. Edmund Massullo, Doug Evans

Dr. Bobovnyik Welcomed as New President

The MCMS is pleased to welcome Dr. Denise Bobovnyik as our new president.

A Youngstown native, Dr. Bobovnyik received her bachelor of science degree *cum laude* from Marietta College in southern Ohio and received her medical degree from the North Eastern Ohio Universities College of Medicine. While at Marietta College, she was inducted into *Phi Beta Kappa* and received the *Outstanding Woman in Biology* award.

Her post-graduate training includes an internship and residency as part of the Western Reserve Care System Family Practice Program. She has served as chief resident of that program, and currently serves as a preceptor for the WRCS Family Practice Center of Forum Health. She is also on the Physician Advisory Committee for the Center for Breast Health.

A Diplomat of the American Board of Family Practice, Dr. Bobovnyik began her private practice in 1988. She remains on active

staff at WRCS, Forum Health, and serves on courtesy staff at St. Elizabeth Health Center.

Dr. Bobovnyik maintained her ties with NEOUCOM, serving as an instructor (1987-94), and currently as an assistant professor in clinical family medicine. Her teaching activities include numerous workshops and seminars.

Dr. Bobovnyik is currently an active member of the following organizations: the AMA, OSMA, OAFP, AAFP, the Society of Teachers of Family Medicine, and the NEOUCOM Alumni Association. She is also a board member of the Youngstown Chapter of the American Red Cross. She was instrumental in establishing the OSMA's *Young Physician Committee* in Mahoning County and served as that organization's first chairperson.

Dr. Bobovnyik remains in private practice in Boardman, Ohio. She and her husband James Watt, a teacher at Lisbon High School, reside in Canfield with their three daughters.

healthcare.

Dr. Caccamo helped found both the Northeastern Ohio Universities College of Medicine (NEOUCOM) and the Harold Jeghers Medical Index Research Library. In 1995 he received an honorary doctor of science degree from NEOUCOM.

A former director of the internal medicine residency program at St. Elizabeth Hospital, Dr. Caccamo was also chairman of the Department of Internal Medicine and served as director of medical education. He opened and directed the first coronary care unit at St. Elizabeth's.

Dr. Caccamo, who retired from private practice in 1983, is married to the former Shirley Hyde. They have four children and nine grandchildren.

Dr. Massullo is also a Youngstown native. He is a graduate of Notre Dame University and St. Louis University Medical School. He completed his internship and residency at St. Eliza-

beth Hospital, where he later served as chief of surgery for nine years.

Dr. Massullo completed his postgraduate work at Georgetown University. He has served in the U.S. Air Force, where he rose to the rank of major. He is a Fellow of the American College of Surgeons.

Specializing in cardiovascular and thoracic surgery, Dr. Massullo formed a partnership with Dr. Angelo Riberi in 1960. The two initiated open heart surgery and vascular surgery at St. Elizabeth Hospital in 1960 and performed the first open-heart surgery in 1961. They remained in practice together until Dr. Riberi's death in 1996.

Dr. Massullo is still practicing, although he has limited the scope of his practice to vascular surgery. He and his wife, the former Anne Marie Marino, have a son Mark, a daughter Anne, and a grandson Lorenzo.

Dr. Khanna Honored with Distinguished Physician Award

The 1997 Distinguished Physician Award was presented to Dr. Hira L. Khanna at the Society's Annual Meeting. This award is presented to a member of the MCMS who has distinguished himself in the field of medicine, and also the community.



Vanita Khanna Yadava, Sumohini, Dr. Hira and Sanjeev Khanna.

Dr. Khanna has been in private practice as a neurological surgeon in Youngstown since August of 1974. He has been associated with NEOUCOM since 1980, serving as a clinical assistant professor in neurosurgery and (since 1996) as an associate professor of clinical surgery. Since

1984 he has also served as a clinical associate professor for the Ohio University College of Osteopathic Medicine.

Born in India, Dr. Khanna received U.S. citizenship in 1979. He earned his undergraduate degree from Delhi University (India) and his M.B.B.S. from Agra Medical College. He completed surgery internships at Irwin Hospital in New Delhi and Bromsgrove General Hospi-

tal in Worchester, England.

He completed surgical residencies at England's Stepping Hill Hospital and Darlington Memorial Hospital. He then went on to complete neurosurgery residencies at Royal Victoria Hospital in Northern Ireland, U.K. and at Cincinnati General Hospital in Ohio.

A Fellow of both the American College of Surgeons and the Royal College of Surgeons (U.K.), Dr. Khanna is currently licensed to practice in the state of Ohio, as well as India and the United Kingdom. He is on active staff for the Western Reserve Care System; courtesy staff for both Youngstown Osteopathic Hospital and St. Elizabeth Health Center; and consulting staff for Salem Community Hospital.

Dr. Khanna is a member of the following professional organizations: the Congress of Neurological Surgeons, Northeastern Ohio Neurological Society, Ohio State Neurological Society, MCMS, AMA, Association of Southasian Neurosurgeons, American Association of Physicians from India, American Society for Laser Medicine and Surgery, and the Neurological Society of India.

Active in the community, Dr. Khanna has served as president (1976), chairman (1980), and president of P.A.C. (1986-87) for the India Association of Greater Youngstown. He is also a past president of the Youngstown Chapter of the American Association of Physicians from

continued on page 32

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State Medical Board

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in Medical Board's publications, which are well worth screening before meeting their fate in the trash. These case summaries illustrate problems that lead to disciplinary sanctions and could be both educational and informative.

Appearing before the Board because of disciplinary action, in addition to causing personal grief, aggravation and disruption, can be very expensive and, at times, unaffordable, like any legal process. Certain practices and ethical concerns may be deemed so dangerous and harmful

to the public good that the Board's immediate, pre-hearing suspension powers can be exercised, leaving you suddenly unable to practice. No one wants to be found in the middle of such a scenario.

Perhaps what we can take away from the sad illustrations I recounted earlier is a reminder of how hard we have worked to attain the brass ring—our medical licenses—and how easily that ring can be tarnished, or even lost forever. It is, for each of us, a matter of choice.

Dr. Garg was recently elected secretary of the State Medical Board, the state agency that licenses and regulates Ohio's physicians. In his new role as the Medical Board's chief enforcement officer, Dr. Garg is instrumental in developing the agency's priorities and policies.

A past president and vice-president of the Medical Board, Dr. Garg is active on several Board committees and currently chairs its Quality Assurance Committee. Dr. Garg is involved in professional regulation at the national level as well. He has been a Fellow of the Federation of State Medical Boards of the United States since 1991 and has been a member of that organization's Examination Committee since 1995.

Since being appointed to the Medical Board by Governor George V. Voinovich in

1991, Dr. Garg has maintained his involvement in numerous professional and community activities. He is a member of the Executive Committee and Board of Trustees of Forum Health, and served as its president from 1995 to 1997. Dr. Garg recently completed his term as chairman of the Board of Trustees of the American College of International Physicians, and is president-elect of the American Association of Southasian Neurosurgeons. He is a past president and chairman of the Board of Trustees of the India Association of Greater Youngstown, as well as a member of the Board of Trustees of the local chapter of the American Association of Physicians from India. Last year Dr. Garg also served as the executive director of the Community Clinic of Youngstown.

MCMS

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India.

Dr. Khanna's current appointments/elections include being a member of various medical committees of the Western Reserve Care System, and a member of the MRI Cooperative. Dr. Khanna has co-authored numerous articles for publication in various research journals.

In presenting the award, Dr. Kohli described Dr. Khanna as being "equally admired by his residents, students, and workers...an excellent and exceptional surgeon...and well deserving of

this honor and recognition." Dr. Khanna has indeed met all the criteria, and it is with great pleasure that the Society has chosen to honor him with this award.

Dr. Khanna resides in Canfield with his wife Sumohini, a past president of the Alliance. The couple has three adult children: daughter Vanita, the co-owner of an environmental safety products company in Indianapolis, Indiana; daughter Poonam, a medical resident in Lansing, Michigan; and son Sanjeev who will graduate from NEOUCOM this May.

Reflections

THIS IS MY FINAL PRESIDENTIAL MESSAGE. UNFORTUNATELY, IT HAS TAKEN ME A YEAR TO REALIZE THAT I HAVE NOT

been addressing the right people. The people who read this are interested in the MCMS, OSMA and AMA. They know what these organizations can (and do) do for them. It is the other 95% of physicians that I, and others in organized medicine, need to reach. How can we do this? As the old quiz show said, "That is the \$64,000 question."

It is certainly easy to show that either we are not reaching the majority of physicians, or that they have no interest in the MCMS. Take for example the Society's 125th Anniversary Dinner, which was attended by less than 50 MCMS physicians. There was also a paltry turnout for an excellent managed care symposium that was recently organized by the MCMS, even though a great effort and expense went into each of these affairs.

A major problem faced by both the OSMA and AMA is understanding what the physicians want and expect out of organized medicine. In order to determine this, we need the input of physicians who currently feel detached from these organizations. How can this be done? Both organizations have spent long hours trying to answer this question.

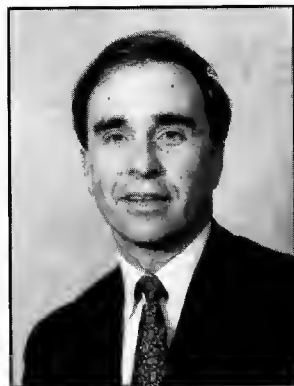
I participated in the OSMA's effort toward resolving this issue - Task Force 2000. The resolution of the Task Force will be presented and

voted upon at the annual OSMA meeting in May. However, I do not believe that the resolution will pass, because it will be voted upon by the house of Delegates, the majority of whom are in touch with organized medicine and know that the OSMA is a useful and important organization.

A goal of Task Force 2000 was to bring in the disenfranchised physicians (which apparently represents the majority of Ohio physicians). Since these physicians do not participate, they will not be able to vote on the resolutions (kind of a "catch 22"). The people we are trying to reach out to will never actually get the message!

On a more optimistic note, we have two very capable, progressive thinking, knowledgeable physicians at the helm of the MCMS: Drs. Denise Bobovnyik and Tom Detesco. They know that the MCMS needs to change in order to survive and prosper. If this task can be accomplished, they are the right people to do it!

Chris A. Knight, MD



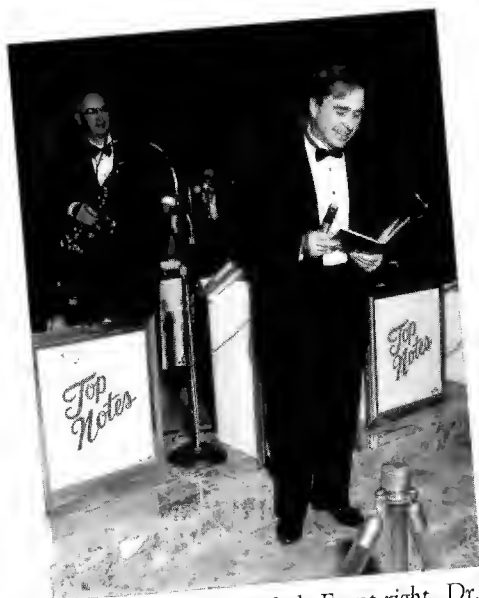
Chris A. Knight

125th Anniversary Celebration

THE MAHONING COUNTY MEDICAL SOCIETY CELEBRATED ITS 125TH ANNIVERSARY ON NOVEMBER 1, 1997. FESTIVITIES included a gala black-tie dinner-dance held at the Butler Institute of American Art.

Among those in attendance was Dr. Brent Mulgrew, executive director of the OSMA. Music was provided by the Top Notes from Warren, led by Dr. John Vlad, a member of the Trumbull County Medical Society.

Dr. Denise Bobovnyik chaired the event, assisted by co-chair Dr. Jenifer Lloyd. The committee included Alliance members Mara Amedia, Renee Bitonte, Anita Gestosani, Donna Hayat, and Melinda Knight. Dr. John Melnick, MCMS historian, compiled a written history of the Society's first 125 years, copies of which were provided for all those in attendance.



Back left, Dr. John Vlad. Front right, Dr. Chris Knight.



Dr. Denise Bobovnyik, James Watt.



Myung Lee, Beth Bacani, Maria Latorre



Suzy and Dr. Parviz Soleimani, Florence and Dr. Hai-Shiuh Wang.

'97 Roundup —



Melinda Knight, Dr. Rick and Sandy Marina.



Dr. Tom and Gloria Detesco.



Dr. Dan and Dolly Handel



Dr. Jenifer Lloyd, Dr. John Dunne and Marcelle Svenson.



What's Up???????????

Dr. Chris Knight and Brent Mulgrew.

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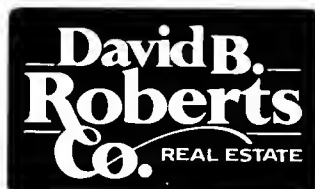
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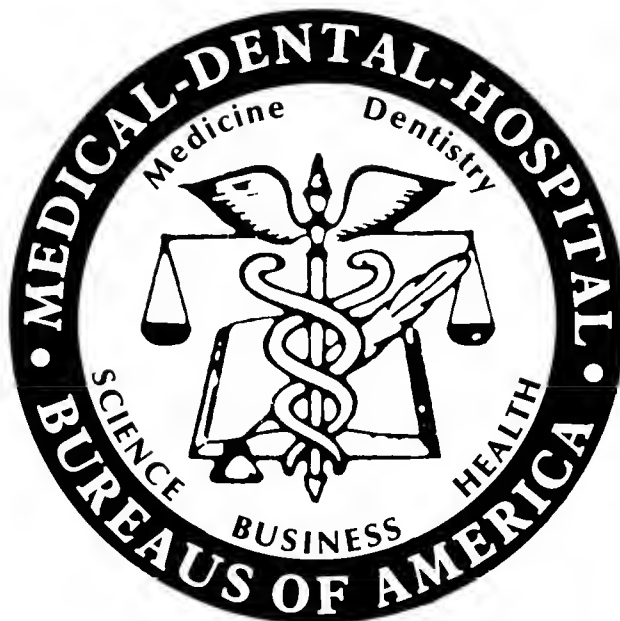
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